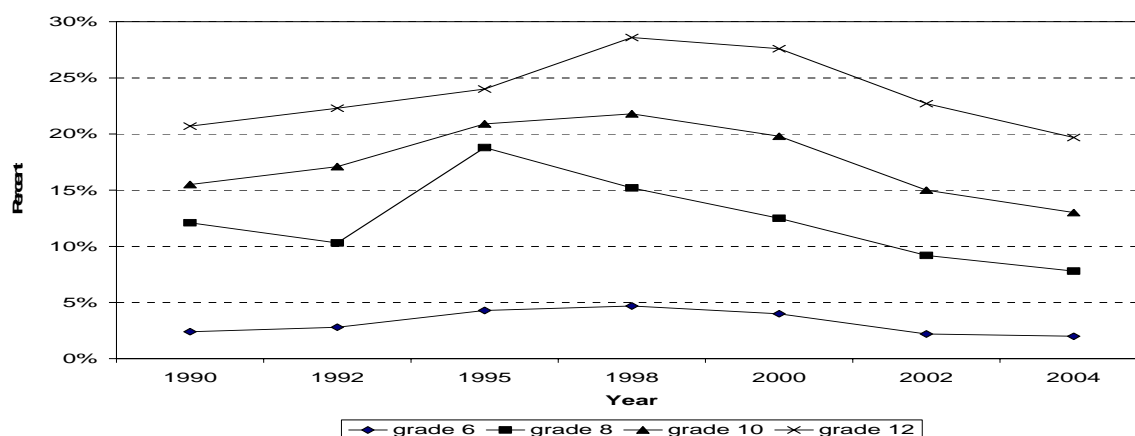


# Substance Use

**Tobacco Use** \*Critical Health Objective\***Demographics:****Table 23. Current Cigarette Smoking in the Past 30 Days**

	WA % (95% CI)
<b>Grade (p &lt; 0.001)</b>	
Grade 6	2.0 (1.6, 2.4)
Grade 8	7.8 (6.8, 8.9)
Grade 10	13.0 (11.7, 14.4)
Grade 12	19.7 (17.7, 21.9)
<b>Gender - 10<sup>th</sup> grade (p = 0.06)</b>	
Male	12.0 (10.7, 13.4)
Female	13.7 (11.9, 15.7)
<b>Race/ Ethnicity - 10<sup>th</sup> grade (p &lt; 0.01)</b>	
White	12.8 (11.4, 14.5)
Black	11.8 (8.5, 16.2)
American Indian /AN	23.1 (16.9, 30.8)
Asian	7.3 (4.9, 10.8)
Hispanic	11.5 (8.2, 15.8)
Hawaiian/ Pacific Islander	18.3 (11.7, 27.5)
Other	14.9 (11.4, 19.1)
More than One Race	15.7 (11.8, 20.6)
<b>Disability – 10<sup>th</sup> grade (p &lt; 0.001)</b>	
Disability	20.6 (17.8, 23.7)
No disability	10.3 (8.7, 12.2)
<b>Rural- Urban Residence - 10<sup>th</sup> grade (p = 0.60)</b>	
Urban Core	13.3 (11.5, 15.3)
Urban Rural Fringe	11.5 (9.5, 13.8)
Large Town	13.8 (10.3, 18.3)
Small Town / Isolated Rural	12.4 (10.2, 14.9)

Source: WA Healthy Youth Survey 2004.

**Trend Data:****Figure 21. Youth 30-Day Cigarette Use by Grade and Year, WA 1990- 2004<sup>1</sup>**

<sup>1</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004: Analytic Report.

**Background:**

- Tobacco use, particularly smoking, remains the number one cause of preventable diseases and death in the United States.<sup>2</sup> Tobacco use is one of the **21 National Critical Health Objectives** for Adolescents and Young Adults. The Healthy People 2010 goal is to reduce current smoking by 9<sup>th</sup>-12<sup>th</sup> graders to no more than 16%.
- The Washington State Governor's Council on Substance Abuse benchmark is to reduce current cigarette smoking to no more than 2% for 6<sup>th</sup> grade, 5% for 8<sup>th</sup> grade, and 10% for 10<sup>th</sup> and 12<sup>th</sup> grade.
- About 45 kids still start smoking every day in Washington. Smoking cigarettes is the most common form of tobacco use among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders, followed by cigars and bidis (flavored cigarettes) (Table 24).
- Based on 2004 Washington Healthy Youth Survey results among 10<sup>th</sup> graders:
  - Youth are still finding places to use tobacco. About 1/3 of current smokers reported that they used tobacco on school property.
  - Youth still have access to tobacco. Most youth get them from social sources like friends and family, but about 13% got their tobacco from a store.
  - Youth are still exposed to tobacco marketing; about 14% bought or received an item with a tobacco company logo on it in the past year.

<b>Table 24. Tobacco Use in Past 30 Days by 10th Graders, WA 2004</b>	
<b>Type of Tobacco</b>	<b>% (95%CI)</b>
Cigarettes	13.0 (11.6, 14.4)
Cigars, cigarillos, or little cigars	11.4 (9.9, 13.1)
Bidis (flavored cigarettes)	8.1 (6.9, 9.6)
Pipe	5.6 (4.5, 7.0)
Clove cigarettes (kreteks)	5.5 (4.5, 6.7)
Chew or snuff	4.9 (4.3, 5.6)

Source: WA Healthy Youth Survey 2004.

**WA Prevalence:** In 2004, an estimated 13.0% of 10<sup>th</sup> graders reported cigarette use in the past 30 days (Table 23).

**U.S. Prevalence:** In 2003, an estimated 21.8% of 10<sup>th</sup> graders reported cigarette use in the past 30 days.<sup>3</sup>

**Trends:** Since its peak in 1998-99, cigarette use among Washington youth has dropped by about half (Figure 21).

**Disparities:**

- **Grade:** Older youth were more likely than younger youth to have smoked cigarettes within the past 30 days ( $p < 0.001$ ) (Table 23).
- **Race/ Ethnicity:** There were significant differences in current smoking rates by race/ethnicity ( $p < 0.001$ ) (Table 23). See technical notes on  $p$  values and confidence intervals for further use of the data in Table 23.

<sup>2</sup> U.S. Department of Health and Human Services. Reducing tobacco use: a report of the Surgeon General. Atlanta, GA: Centers for Disease Control and Prevention; 2000

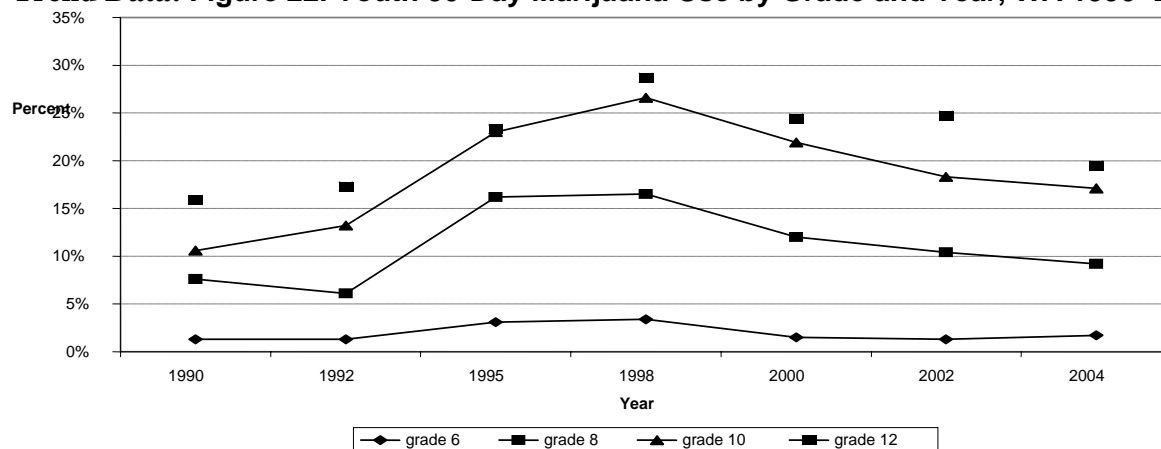
<sup>3</sup> Youth Risk Behavioral Surveillance- 2003, MMWR, May 21, 2004/ Vol 53/ No SS-2

- **Disability:** 10<sup>th</sup> graders with a disability were more likely to use tobacco compared with those without a disability ( $p < 0.001$ ) (Table 23).

**Illicit Drugs****Marijuana Use** \*Critical Health Objective\***Demographics:**

Table 25. Marijuana Use in Past 30 Days	
	WA % (95% CI)
<b>Grade</b> (p < 0.001)	
Grade 6	1.7 (1.4, 2.0)
Grade 8	9.2 (8.1, 10.4)
Grade 10	17.1 (15.8, 18.4)
Grade 12	19.5 (17.4, 21.8)
<b>Gender - 10<sup>th</sup> grade</b> (p = 0.38)	
Male	17.6 (15.7, 19.6)
Female	16.6 (15.1, 18.2)
<b>Race/ Ethnicity - 10<sup>th</sup> grade</b> (p < 0.001)	
White	16.7 (15.3, 18.1)
Black	23.9 (18.7, 30.1)
American Indian /AN	27.5 (20.2, 36.2)
Asian	8.1 (5.9, 11.1)
Hispanic	19.9 (16.7, 23.6)
Hawaiian/ Pacific Islander	19.2 (13.5, 26.6)
Other	16.5 (13.0, 20.7)
More than One Race	17.7 (13.7, 22.5)
<b>Disability – 10<sup>th</sup> grade</b> (p < 0.001)	
Disability	23.3 (20.5, 26.5)
No disability	15.4 (13.7, 17.4)
<b>Rural- Urban Residence - 10<sup>th</sup> grade</b> (p = 0.68)	
Urban Core	17.2 (15.5, 19.1)
Urban Rural Fringe	17.9 (15.8, 20.2)
Large Town	16.1 (12.9, 19.8)
Small Town / Isolated Rural	15.6 (12.5, 19.4)

Source: WA Healthy Youth Survey 2004.

**Trend Data: Figure 22. Youth 30-Day Marijuana Use by Grade and Year, WA 1990- 2004<sup>4</sup>**

<sup>4</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004: Analytic Report.

## Background:

- Illicit substance use, specifically marijuana, is one of the **21 National Critical Health Objectives** for Adolescents and Young Adults. The Healthy People 2010 target is to reduce the proportion of adolescents using marijuana in the past 30 days to no more than 0.7% and reduce the use of any illicit drug use in the past 30 days to no more than 2.0%.
- The Washington State Governor's Council on Substance Abuse benchmark is to reduce current marijuana use to 0% for 6<sup>th</sup> grade, and no more than 5% for 8<sup>th</sup> grade, and 10% for 10<sup>th</sup> and 12<sup>th</sup> grade.
- Marijuana was the most commonly used illicit drug, for both lifetime (30%) and past 30 day use (17%). Other drugs with high use rates include cocaine/crack (6% lifetime), methamphetamine (5% lifetime, 3% 30 day), and Ritalin (4% 30 day) (Table 26).
- **Lifetime marijuana use by grade:** In 2004, the percentage of students who have ever used marijuana significantly increased by grade: about 3% of 6<sup>th</sup> graders, 14% of 8<sup>th</sup> graders, 30% of 10<sup>th</sup> graders, and 41% of 12<sup>th</sup> graders ( $p < 0.001$ ).
- **Perceived harm from marijuana:** In 2004, about 52% of 10<sup>th</sup> graders believed there was no or little harm in smoking marijuana once or twice, 30% believed there was no or little harm in smoking marijuana occasionally, and 17% believed there was no or little harm in smoking marijuana regularly.

<b>Table 26. Illicit Drug Use by 10th Graders, WA 2004</b>		
<b>Type of Drug</b>	<b>Lifetime % (95% CI)</b>	<b>Past 30 Days % (95% CI)</b>
Marijuana	<b>29.5</b> (27.5, 31.6)	<b>17.1</b> (15.8, 18.4)
Methamphetamine	<b>5.1</b> (4.3, 6.1)	<b>2.9</b> (2.4, 3.4)
Steroids	<b>2.7</b> (2.2, 3.4)	*
Cocaine/Crack	<b>6.0</b> (4.9, 7.3)	*
Ecstasy	*	<b>2.7</b> (2.3, 3.3)
Ritalin	*	<b>4.2</b> (3.6, 4.8)
Injection drugs**	<b>1.8</b> (1.3, 2.5)	*

\* data not available    \*\*type of drug used was not specified

Source: WA Healthy Youth Survey 2004.

**WA Prevalence:** In 2004 an estimated 17.1% of 10<sup>th</sup> graders report using marijuana within the past 30 days (Table 25).

**U.S. Prevalence:** In 2003, an estimated 22.0% of 10<sup>th</sup> graders nationally reported using marijuana within the past 30 days.<sup>5</sup>

**Trends:** Marijuana use in Washington peaked in 1998 and has been dropping ever since (Figure 22).

## Disparities:

- **Grade:** Older youth were more likely to report marijuana use within the past 30 days ( $p < 0.001$ ) (Table 25).

<sup>5</sup> Youth Risk Behavioral Surveillance- 2003, MMWR, May 21, 2004/ Vol 53/ No SS-2

- **Race/ Ethnicity:** There were significant differences in 30 day marijuana use for 10<sup>th</sup> graders by race/ethnicity ( $p < 0.001$ ) (Table 25). See technical notes on  $p$  values and confidence intervals for further use of the data in Table 25.
- **Disability and marijuana use:** 10<sup>th</sup> graders with a disability were more likely to have used marijuana in the past 30 days compared with those without a disability ( $p < 0.001$ ) (Table 25).

## Alcohol Use

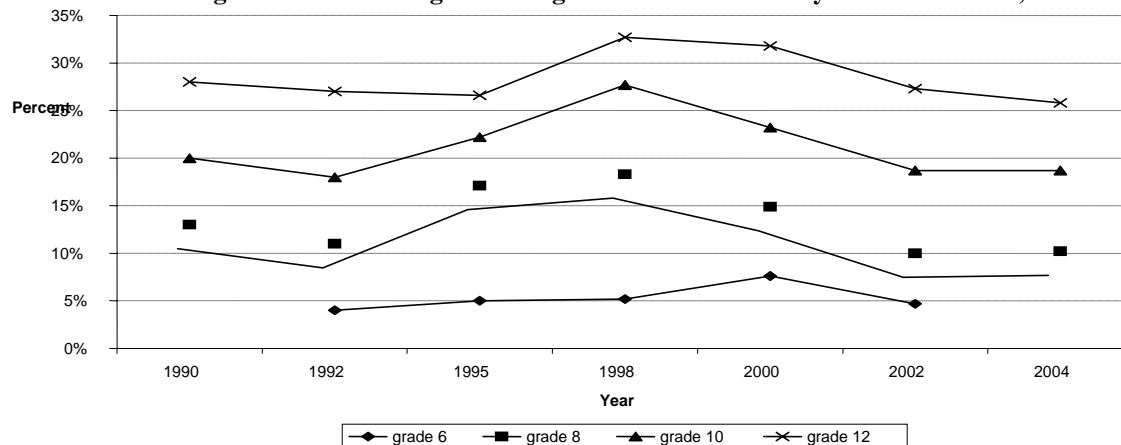
### Binge Drinking \*Critical Health Objective\*

**Table 27. Binge Drinking in Past Two Weeks**

	WA % (95% CI)
<b>Grade</b> (p < 0.001)	
Grade 6	*
Grade 8	10.2 (9.0, 11.5)
Grade 10	18.7 (17.3, 20.3)
Grade 12	25.8 (23.5, 28.3)
<b>Gender - 10<sup>th</sup> grade</b> (p = 0.66)	
Male	19.0 (17.5, 20.6)
Female	18.4 (16.3, 20.8)
<b>Race/ Ethnicity - 10<sup>th</sup> grade</b> (p < 0.001)	
White	18.7 (16.9, 20.7)
Black	16.3 (11.2, 23.2)
American Indian /AN	27.7 (20.7, 36.0)
Asian	9.9 (7.1, 13.6)
Hispanic	22.8 (20.4, 25.3)
Hawaiian/ Pacific Islander	14.8 (9.8, 21.8)
Other	19.2 (15.6, 23.4)
More than One Race	19.5 (15.4, 23.4)
<b>Disability – 10<sup>th</sup> grade</b> (p < 0.001)	
Disability	25.1 (22.3, 28.2)
No disability	17.6 (15.9, 19.5)
<b>Rural- Urban Residence - 10<sup>th</sup> grade</b> (p = 0.56)	
Urban Core	18.3 (16.5, 20.3)
Urban Rural Fringe	19.0 (17.0, 21.3)
Large Town	21.3 (16.6, 27.0)
Small Town / Isolated Rural	19.1 (15.5, 23.3)

\*Data not available

Source: WA Healthy Youth Survey 2004.

**Trend Data: Figure 23. Youth Binge Drinking in Past Two Weeks By Grade and Year, WA 1990-2004<sup>6</sup>**


<sup>6</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004: Analytic Report.



**Background:**

- Binge drinking is defined here as having five or more drinks in a row in the past two weeks.
- Binge drinking is one of the **21 National Critical Health Objectives** for Adolescents and Young Adults. The Healthy People 2010 goal is to reduce binge drinking by 12-17 year olds to no more than 2.0%.
- The Washington State Governor's Council on Substance Abuse benchmark is to reduce current binge drinking to no more than 12% for 8<sup>th</sup> grade, 18% for 10<sup>th</sup> grade, and 20% for 12<sup>th</sup> grade.
- Alcohol is the most commonly used substance reported by Washington students and alcohol use increases with age. Based on 2004 Washington Healthy Youth Survey data:
  - **Lifetime use by grade:** The percentage of students who have drunk more than a few sips of alcohol significantly increased by grade: about 30% of 6<sup>th</sup> graders, 42% of 8<sup>th</sup> graders, 60% of 10<sup>th</sup> graders, and 73% of 12<sup>th</sup> graders ( $p < 0.001$ ).
  - **Alcohol use in past 30 days:** The percentage of students who have drunk alcohol in the past 30 days significantly increased by grade: about 4% of 6<sup>th</sup> graders, 18% of 8<sup>th</sup> graders, 33% of 10<sup>th</sup> graders, and 43% of 12<sup>th</sup> graders ( $p < 0.001$ ).

**WA Prevalence:** In 2004 an estimated 18.7% of 10<sup>th</sup> graders reported binge drinking in the past two weeks (Table 27). An estimated 32.6% of 10<sup>th</sup> graders reported any alcohol use in the past 30 days.

**U.S. Prevalence:** In 2003, an estimated 27.4% of 10<sup>th</sup> graders nationally reported binge drinking. An estimated 43.5% of 10<sup>th</sup> graders reported any alcohol use in the past 30 days.<sup>7</sup>

**Trends:** Binge drinking in Washington peaked in 1998 and has been dropping ever since (Figure 23).

**Disparities:**

- **Grade:** Older youth were more likely to report binge drinking than younger youth ( $p < 0.001$ ) (Table 27).
- **Race/ Ethnicity:** There were significant differences in binge drinking rates for 10<sup>th</sup> graders by race/ethnicity ( $p < 0.001$ ) (Table 27). See technical notes on  $p$  values and confidence intervals for further use of the data in Table 27.
- **Disability:** 10<sup>th</sup> graders with a disability were more likely to binge drink within the past two week compared with those without a disability ( $p < 0.001$ ) (Table 27).

**See Services Sections on Substance Abuse Prevention Services, Substance Abuse Treatment Services, Tobacco Prevention and Treatment Services**

<sup>7</sup> Youth Risk Behavioral Surveillance- 2003, MMWR, May 21, 2004/ Vol 53/ No SS-2